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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the Maldives

Proposed indicative UNFPA assistance:	$1.75 million: $1.5 million from regular resources and $0.25 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 2	Adolescents and youth	1.35	0.25	1.60
Programme coordination and assistance		0.15	–	0.15
Total		1.50	0.25	1.75

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I. Situation analysis

1. The Maldives is a young democracy attempting to build on considerable economic and human development gains. Its population of 399,939 is dispersed over 188 islands. Despite major external shocks to the economy from the 2004 tsunami and the 2008 global financial crisis, the gross domestic product increased substantially in recent years, and the gross national income per capita has almost doubled since 2000. The Maldives graduated to middle-income country status in 2011; the country's Human Development Index rank in 2014 stood at 0.698, placing it at the top of the 'medium' category in human development. Notably, the Maldives is the only country in South Asia to have achieved five out of eight Millennium Development Goals ahead of the 2015 deadline. Progress has been substantial in eradicating extreme poverty and hunger, achieving universal primary education, reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases (Goals 1, 2, 4, 5 and 6).

2. Yet amid these important development opportunities, a range of challenges exists, while underlying disparities, particularly at the subnational level, need to be addressed. For example, when the value of the Human Development Index is adjusted for inequality in the distribution of various dimensions, it falls to 0.521, a loss of slightly more than 25 per cent; this suggests there continue to be significant pockets of poverty and deprivation in the country. Concerns exist that the Maldives may be regressing in certain areas, as progress has been relatively slower toward achieving gender equality and women's empowerment, ensuring environmental sustainability, and developing a global partnership for development (Goals 3, 7 and 8).

3. Life expectancy at birth has increased steadily over the last years: 79 years for females and 76.9 years for males in 2014. Nearly half the population (46 per cent) is below the age of 25; young people aged 10-24 years comprise 28 per cent of the population. The Maldives has witnessed major social change, including accelerating urbanization, with the emergence of new problems, such as extremism, drug abuse and gang violence. A large proportion of the youth population is confronted by these major challenges, which often play out differently for young women and young men as they transition to adulthood. Youth face serious labour market constraints and high unemployment; a need for enhanced high-quality education, including in socio-emotional skills, and for preventive health services, including adolescent-friendly and youth-friendly reproductive and sexual health services; and physical isolation.

4. The average age at first marriage for girls is 19 years and the average age at first pregnancy is 20 years. The maternal mortality rate decreased from 500 per 100,000 live births in 1990 to 56 per 100,000 live births in 2011. Some 94.8 per cent of all deliveries are attended by skilled birth attendants, but for the poorest quantile this figure drops to 88.6 per cent. The contraceptive prevalence rate for modern methods among married couples is only 27 per cent; the proportion of demand for modern contraception satisfied stood at 55.9 per cent according to the most recent Demographic and Health Survey. Unmet need for family planning is high, at 28 per cent, and 16 per cent of conceptions among married couples are unwanted. Health services in the Maldives are curative; reproductive health information does not reach the majority of young people, in or out of school.

5. The national family planning programme is couple-based. This leads to the exclusion of young unmarried people, especially girls, from sexual and reproductive health services and information that would enable them to make informed life choices. The legal age for marriage is 18 years but 46 child marriages were registered in 2013. Only 25 per cent of young women and 22 per cent of young men discussed reproductive health with anyone; among those who have discussed reproductive health, about two-thirds discussed it with friends.

6. The Constitution promotes equality and addresses systemic exclusion, while the policy framework, comprising the Health Master Plan 2006-2015 and the National Reproductive Health Strategy 2014-2018, is conducive to reproductive rights. However, there are gaps in

implementation of the policies, and sex outside marriage is illegal and punishable by law. Anecdotal evidence, hospital records and judiciary statistics show an incidence of non-marital pregnancies. The consequences of the pregnancies include increased vulnerability of young people, especially young girls, to self-induced illegal abortions, maternal deaths, infanticides (18 in 2012 and 2013), and gender-based violence (experienced by 1 in 3 women). Other repercussions are disproportionally felt by young women, such as broken families, female-headed households (56 per cent), youth marrying early to avoid stigma, as well as reduced opportunities to pursue education and employment to realize their potential.

II. Past cooperation and lessons learned

7. UNFPA used the final independent evaluation of the UNDAF 2011-2015 to couple it with the independent thematic evaluation of its sexual and reproductive health programme. Both evaluations constitute a sound basis for learning and to reposition UNFPA in the specific context of a middle-income country. The evaluations highlighted some achievements by UNFPA in the last programme cycle: (a) the convening of a multisectoral policy dialogue on the health sector response to gender-based violence; (b) the integration of life skills education into the school curriculum as a precursor to introduce reproductive health education in schools; and (c) the establishment of national standards and guidelines for youth-friendly sexual and reproductive health services.

8. To strengthen the programme niche of UNFPA and to demonstrate its relevance in the Maldives, the independent evaluations recommended that UNFPA (a) re-examine strategies on how to effectively and equitably serve duty bearers as well as rights-holders in the area of adolescent reproductive health; (b) increase efforts to facilitate platforms for multisectoral policy discussions on issues such as equity in young people's access to sexual and reproductive health services; (c) continue efforts to promote access to sexual and reproductive health information through life skills education incorporating internationally accepted standards of comprehensive reproductive health education; and (d) address the gap between demand for and access to family planning and sexual and reproductive health information and services, particularly for the unmarried young people. The evaluations recommended that greater consideration be given to developing a cohesive framework of outputs, strategies, and activities with strong indicators for monitoring and evaluation.

III. Proposed programme

9. The proposed UNFPA country programme (2016-2020) builds on advances and lessons from past country programme cycles. Most importantly, it proposes a new strategic engagement that recognizes the capacities of the Maldives as a middle-income country and the fact that key reproductive health indicators, such as skilled attendance at birth, reduction of maternal mortality and coverage of antenatal care, were maintained on par with other middle-income countries. The programme is aligned with the national priorities and sectoral policies. It was developed in close consultations with the national Government, civil society and United Nations partners.

10. The country programme is aligned with the UNFPA Strategic Plan, 2014-2017 and is grounded in human rights and gender equality principles, respecting the specific cultural values of the Maldives. The limited size of the country programme requires a strong focus on comparative advantages and partnerships to leverage resources. UNFPA will coordinate closely with United Nations organizations to ensure complementarity, and work with government entities, development partners and international financial institutions to leverage evidence to realize the reproductive rights for young people.

11. Drawing on the recommendations described above and the mode of engagement outlined in the Strategic Plan, 2014-2017, the proposed country programme focuses on one

specific country programme output: to enhance fulfilment of reproductive rights of adolescents and youth, in line with the UNFPA Strategy on Adolescents and Youth. The suggested output is aligned to Strategic Plan global output 6 on evidence-based advocacy to incorporate young people's rights and needs into national laws, policies and programmes, while recognizing linkages to outputs 7, 9 and 15. Specifically, the country programme output will focus on duty bearers in the Maldives, to be accountable for and responsive to young people's rights to reproductive health information and services. This will address some of the implementation gaps and social barriers of existing laws, programmes and policies in providing equitable services to the unmarried and excluded youth.

A. Outcome 2: Adolescents and youth

12. Output 1: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services. In concert with state institutions, civil society, development partners and other United Nations organizations, UNFPA will help the Government to identify gaps in policies and implementation, including for humanitarian preparedness and response, as well as facilitate advice on proven culturally-sensitive policy alternatives. Based on sound data and analysis of excluded populations, UNFPA will convene policymakers, civil society actors, religious scholars and youth groups, to help establish an enabling social policy and legal environment for young people, with a particular focus on the most vulnerable and marginalized, to realize their sexual and reproductive rights.

13. In addition, UNFPA will advocate and provide policy advice for the progressive integration of comprehensive reproductive health education, including prevention of gender-based violence in school curricula, advocate with stakeholders for the establishment of a non-school based mechanism for young people to access high-quality reproductive health information and services. UNFPA will support government entities in the full implementation and national monitoring of relevant international commitments. While the country programme maintains a strong focus on young people's reproductive rights, UNFPA may mobilize additional technical and financial resources to engage in other areas within the organization's mandate.

IV. Programme management, monitoring and evaluation

14. UNFPA contribution to development assistance is articulated through United Nations Development Assistance Framework (UNDAF). Within this framework, joint annual workplans are developed and monitored with government and civil society partners and United Nations organizations. The country programme will be coordinated by the designated government entity. UNFPA will primarily use the direct execution modality and, where relevant, develop detailed workplans with partners. In partnership with the Government, UNFPA will mobilize and leverage additional resources at the country level, including from the Government of Maldives, as laid out in the partnership plan.

15. Where possible, UNFPA will use national systems for data collection, and seek to strengthen the national capacity for evidence-based monitoring and evaluation. An independent end-of-cycle evaluation will be conducted within the context of the UNDAF, in accordance with the guidelines and procedures of the United Nations Development Group and UNFPA.

16. The UNFPA Representative in Maldives is the UNDP Resident Representative; the office receives substantial support from a non-resident UNFPA country director based in Sri Lanka. UNFPA will align staffing to the requirements of the country programme and earmark funds as required to ensure country office capacity for policy advisory services and advocacy. UNFPA will seek technical assistance in strategic areas of the programme from the regional office and from international and national experts.

RESULTS AND RESOURCES FRAMEWORK FOR MALDIVES (2016-2020)

National development priority or goal: National Reproductive Health Strategy 2014-2018: achieve universal access to reproductive health, towards achieving the right of individuals and couples to protect their reproductive health and to take responsibility for their reproductive functions; collaborate with the education sector in implementing family-life/life-skills education or sexuality education in at least 75% of schools and in provision of adolescent-friendly health services

UNDAF outcome 1: By 2020, children and youth access and use equitable, inclusive and high-quality social services, and have increased opportunities for skills development

Indicators: Percentage of students passing five or more subjects in their secondary school completion examinations; percentage of children under five who are stunted; under-five mortality rate; percentage of children (boys and girls) experiencing violence; adolescent birth rate; number of young people (male and female) successfully completing skills development and youth entrepreneurship programmes; Percentage of children fully immunized for vaccine preventable diseases mandated by the national immunization schedule

UNDAF outcome 2: By 2020, gender equality is advanced and women are empowered to enjoy equal rights and opportunities in access to social, economic and political arena (UNFPA is the outcome convener within the United Nations country team for the UNDAF outcome)

Indicators: Percentage of councillors selected who are women; percentage of members of parliament elected who are women; percentage of appointed cabinet, state and deputy ministers posts held by women; percentage of men and women who think that a husband or partner is justified in hitting or beating a wife or partner under certain circumstances; percentage of businesses paying tax owned by women; female labour force participation rate; percentage of difference between mean monthly income of women and men

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 2: Adolescents and youth Outcome indicator: • Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services *Baseline: No; Target: Yes*	Output 1: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services	• Percentage of health facilities implementing at least 60 per cent of recommended action in the National Adolescent and Youth Friendly Service Guidelines *Baseline: 0; Target: 10* • Percentage of UNESCO topics integrated in life-skills education in national curriculum and resource materials *Baseline: 10; Target: 67* • Number of UNFPA-supported national policy dialogues, with the participation of young people, that advocate for increased investments in marginalized adolescents and youth *Baseline: 0; Target: 4* • Existence of a functioning tracking and reporting system to follow up on the implementation of accepted women's rights and reproductive rights recommendations and obligations from the Universal Periodic Review and Convention on Elimination of all Forms of Discrimination against Women *Baseline: No; Target: Yes*	Ministries of Health; Education; Finance and Treasury; Foreign Affairs; Youth and Sports; and Law and Gender; Human Rights Commission; Society for Health Education; Hope for Women; Democracy House	$1.6 million ($1.35 million from regular resources and $0.25 million from other resources) Total for programme coordination and assistance: $0.15 million from regular resources